

THE MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
November —, 1863. }

SURGICAL CLINIC OF PROF. S. D. GROSS, M. D.

Reported by Dr. J. Gordon Maxwell.

Dislocations.

A dislocation is the sudden and forcible removal of one articular surface from another, generally caused by external violence, and attended with more or less laceration of the connecting ligaments. The accident being of frequent occurrence, and liable, when neglected or injudiciously managed, to be followed by permanent deformity, should claim the serious attention of every practitioner, since his reputation will greatly depend upon the manner in which he acquits himself when he is required to take charge of such an injury.

Axillary Dislocation of seven weeks' standing.—M. H., 70 years of age. The dislocation was the result of a fall on board a steamboat, and was not reduced sooner on account of the age and timidity of the patient. The diagnostic signs of this variety of dislocation were well marked; the head of the humerus rested in the axilla, just beneath the glenoid cavity; there was great prominence of the acromion process, flattening of the shoulder, and the elbow projected considerably from the side of the body. One feature, however, was wanting: the inability of the patient to place the hand of the affected shoulder upon the opposite one. The freedom with which this was done was accounted for by the Professor, by supposing that the length of time that had elapsed since the occurrence of the accident had been sufficient to allow lymph to be poured out, which, becoming partially organized, had made, as it were, a false joint. The patient being rendered insensible by chloroform, restoration was effected by placing the heel in the axilla and extending the limb in a line parallel with the body, causing the foot to act as a fulcrum, when the head of the humerus slipped back into its cavity with a distinct snap. Future dislocation was prevented by appropriate bandages, a precaution rendered very necessary in these cases of long standing. Passive motion was ordered to be instituted in due time, to prevent ankylosis and restore the functions of the articulation; and, if swelling should arise, a solution of acetate of lead and opium was ordered to be applied to the parts, and, after the subsidence of this, sorbifacients to promote the absorption of effused fluids.

Dislocation on the Dorsum of the Ilium, of twenty-seven days' standing.—Dislocations of the ilio-femoral joint are far less frequent than those of the

shoulder, a circumstance which evidently depends more upon the peculiarity of structure of these articulations than upon any difference of their motions. The acetabulum is of immense depth, and, therefore, furnishes ready accommodation to the head of the femur. The glenoid cavity of the scapula, on the other hand, is very shallow, and yields very inadequate support to the head of the humerus. A great difference also exists in the strength of the ligaments, those of the shoulder being comparatively weak, while those of the hip are the most powerful of the body. Lastly, the hip-joint is covered and protected by large and powerful muscles, which are more capable of resisting the effects of dislocating agents than those of the shoulder.

The present case was that of a lad, 14 years of age, who was brought to the clinic by Dr. SAULSBURY, of Delaware, with a dislocation of the femur on the dorsum of the ilium, of twenty-seven days' standing, caused by the boy falling between the body and the wheel of a cart. Reduction had been attempted at the time of the accident, but without success; further attempts were also made at a somewhat later date, but with no better result, and the patient was brought to the college in the hope that something might yet be done in order to restore the limb. When brought before the class, the appearance of the luxated parts was as follows: Unusual prominence of the great trochanter, which was thrown an inch and a quarter nearer the spinous processes; great flattening of the hip, and unusual width of the nates; the knee thrown in advance of the sound side; the toe carried inward, and the heel raised two and a half inches from the ground; the capsular and inter-articular ligaments were torn, and the bone was thrown upward and backward, resting in the fossa of the ilium, on the gluteus minimus muscle; the whole being diagnostic of this variety of dislocation.

The operation for reduction consisted in taking hold of the ankle with one hand and the knee with the other, then flexing the leg upon the thigh, and this upon the pelvis, and at the same time carrying the knee over to the sound side of the body, then bringing it back to the affected side, and gradually extending the limb. The reduction took place, as in the former case, with a distinct snap. Anti-phlogistic treatment was ordered, and the limb was secured to the sound side by a suitable bandage.

Dislocation of the sternal end of the Clavicle, of seven weeks' standing.—This variety of dislocation is extremely rare. The bone, from its exposed position and the strength and shortness of the ligaments, fractures in the ratio of ten to one dislocation.

The present case is that of R. W., 27 years of age, who received a blow upon the shoulder which was transmitted to the clavicle, spending its strength on the sterno-clavicular articulation. On examination, a hard, circumscribed, incompressible tumor was discovered, resting upon the cartilage of the first rib, and a vacuity at the natural seat of the joint. The Professor remarked, that reduction of this luxation is generally easily effected, but, unfortunately, it is retained with so much difficulty that hardly an

instance recovers without some degree of deformity, despite the best directed efforts of the surgeon. The articular cavity of the sternum is so shallow, and the ligaments unite with so much difficulty, that it is almost impossible to keep the parts in apposition sufficiently well or long to obtain complete consolidation. In addition to the above considerations, the sternal end of the clavicle, in the present case, was firmly wedged in its new position; and, as it does not materially affect the movements of the shoulder, Professor Gross considered that interference would only cause trouble and be of no permanent benefit; in short, that it was a matter simply of deformity, not of inability.

UNIVERSITY OF MARYLAND, }
Nov. 7th, 1863. }

SURGICAL CLINIC OF PROF. NATHAN R. SMITH.

Reported by Dr. J. W. P. Bates.

Coxalgia.

Girl, set 5 years. This might with propriety be called white swelling of the hip-joint. The ends of the bones are tipped with cartilage, and as they have no blood vessels, are nourished by imbibition, and consequently their nutrition is carried on with difficulty, and in strumous subjects they are liable to disease. They become brittle, less elastic, abraided, and in some parts worn off and the end of the bone left naked; more frequently ulceration takes place without suppuration. When the ends of the bones are exposed suppuration takes place, and pus is poured out into the cavity of the joint, and finally makes its way externally. This disease occurs in patients of strumous habits.

The symptoms are halt in walking; pain aggravated when the limb is moved; the hip looks broader on the diseased side, which is not so much dependent upon swelling in the joint as flattening of the muscles, the limb always appears longer than the healthy one, the toe is turned out as in dislocation into the thyroid foramen; the lengthening is due to inclination of the pelvis, and is done involuntarily and relieves pain somewhat. In this case the right limb is affected; the hip is flattened and you notice the limb is apparently half an inch longer than the left; the child resists any motion of the leg. There is here disease of the vertebrae. In the first stage no doubt this case was taken for rheumatism, as it very often is. As this case is seen early it ought to be relieved; the indications are to rest the joint and try to counteract the strumous diathesis which is the cause of the disease.

Tumors.

Sebaceous tumor.—Boy, set 13 years. Has a small tumor on the outer canthus of the left eye; born with it this is an encysted tumor and is often met with. The duct of a sebaceous follicle becomes obstructed and matter slowly accumulates and the follicle expands. There is rarely any difficulty of removal; you must be careful to remove every shred of the cyst or the disease will return, or there will be a fistulous opening. I grasp it firmly with a pair of forceps and split the integument and discharge the contents, and then peel out the cyst by means of the forceps. Another mode practised by some surgeons is to cut the integument and remove the cyst without discharging its contents, but it is not the best mode, for you cut into it before you are aware of it, and the parts become confused and you do not get all the sac out.

The contents of this one are a lardaceous matter and several of the eyelashes that have been in it since birth. We dress the wound with adhesive plaster; sometimes it suppurates and the patient gets excessively alarmed, but it is an affair of no consequence.

Adipose tumor.—Man, set 28 years. Large tumor over the right scapula nearly the size of a child's head. We make a free incision down the middle of the mass and dissect off the integument and then divide the connections at its base; it is an adipose tumor; it was intimately connected with a tendon of the erector spine, a part of which it was necessary to remove, and its firmness was dependent upon being situated under the trapezius muscle which I divided; this operation was very much facilitated by making a free incision, so as to give plenty of room. The too timid surgeon embarrasses himself by making his first incision too small. We will introduce a strip of linen to carry off the blood, and close the wound by adhesive strips; apply a cerate cloth and support the parts by means of a thick compress and a bandage passing around the chest.

MEDICAL CLINIC OF PROF. CHEW.

Hæmatemesis.

Man, set 24 years; native of Russia; glazier; was attacked yesterday with vomiting of blood; had no premonitory symptoms, for in the morning he was well as usual; lost considerable blood and felt weak, was brought here and has had no vomiting of any account since. The causes of this disease are very often obscure, as it sometimes comes on without any warning. In general it is not a disease of very great danger, but there is more prostration than in other hemorrhages. The circulatory system sinks sooner under effusion of blood into the stomach and from gastric vessels than elsewhere; the blood may come from the fauces or from the surface of the stomach. The blood vomited is almost always dark. The old writers ascribed this to splenic disease, but now we have more correct ideas of its pathology. The treatment is uncertain; some recommend tinct. ferri chlor., but I think it is too stimulating. The patient should be kept in the recumbent posture and live on light diet.

R. Plumbi acet., gr. iij.
Pulv. opii, gr. ʒ. M.
Ft. chart. j.

Sig. Take one powder every four hours.

Nov. 21.—The medicine had no effect on him, and the hemorrhage probably continued although he vomited none up. It is impossible to tell the cause of the loss of blood in this case. He died yesterday.

Paralysis.

Man, set 60 years. This man has been suffering from chronic ulcers for some time; the discharge from them was profuse but laterally it has been checked since which time he has complained of severe pain in the head. The pain is most severe on the right side, and he is unable to use the left arm. This is the usual result, disease of one side of the brain producing paralysis of the opposite of the body, which is on account of the decussation of the fibres of the nerves in the spinal marrow. This patient has more power over the left leg than the right one, which forms one of a class not very frequently met with, called cross paralysis. This case is under surgical treatment and I show him to you merely as an object of interest.

MEDICAL AND SURGICAL REPORTER.

 PHILADELPHIA, DECEMBER 26, 1863.

A NEW VOLUME—THE TIME TO SUBSCRIBE.

With the first issue in January, 1864, will commence the *Eleventh Volume* of the MEDICAL AND SURGICAL REPORTER in its weekly form.

It will be an opportune time for new subscriptions to begin. We have offered to subscribers extraordinary inducements to add new names to our list. For every new subscriber with the money (\$3), for a year in advance, we will either credit the subscriber sending the name *One Dollar* on account of his subscription, or send him one dollar's worth of Books or Surgical Instruments. See our book advertisement. A great many subscribers are already taking advantage of this offer. See "Answers to Correspondents."

We hope to be able to send out a *thousand dollars worth of Books and Surgical Instruments* before the first of February. An extension of our subscription list will benefit all our subscribers, and the profession at large, by giving us the ability to further improve the REPORTER.

For farther particulars, see Prospectus on the cover in every alternate number.

CLOSE OF VOLUME TENTH.

This number closes the tenth volume of the MEDICAL AND SURGICAL REPORTER in its weekly form. The volume began in May last, and contains thirty-five numbers. The month of April was omitted. This was done that the volumes hereafter might begin in January and July instead of in October and April, as heretofore.

An examination of the index accompanying this number will show the extent and variety of matter that has passed under review in our pages during the past eight months. A great deal of labor has been expended, and a heavy expense incurred to render the REPORTER useful to the profession and creditable as a scientific journal. Still, though viewing the result with some degree

of complacency, the editor has come very far short of fulfilling his own desires in these respects. Much remains to be done, which, by the favor of Providence he intends to do to make the REPORTER fulfil as perfectly as may be its high mission.

The past two years have been the critical years in the history of the REPORTER. There were times during those years when it seemed as if we would have to succumb under the burdens laid upon us by the increased cost of paper, printing, and in every department of labor. We are now paying nearly as much again for paper as it formerly cost, and the other expenses of publication have increased upon us full thirty-three per cent. Super-added to this, we have been compelled to face a heartless and cruel delinquency of a trusted agent to a cash amount of over a thousand dollars.

By very great exertions, however, and the persistent and most encouraging patronage of the profession, we have been enabled, by reducing the size of the REPORTER temporarily a few pages, to meet all these extra expenses, and to surmount all our difficulties.

The eleventh volume will begin next week under very favorable auspices, and with a fair prospect that the weekly issues will be prompt, and with a promise of increased literary excellence and capability of being useful to the profession.

We close this statement by presenting the compliments of the season to our many thousand readers.

DISINFECTANTS.

The popular idea of a disinfectant is simply to replace one bad smell by another, not quite as unpleasant. Every nurse knows that burnt sugar or coffee will mask the unpleasant odors of the sick room, and the art of the apothecary has given us pastilles and other compounds which are simply intended to fulfil the indication named still more agreeably. But the scientific man desires to accomplish more than this. He aims to *neutralize* the unhealthy and deleterious components of the gaseous compounds that fill the atmosphere to the partial exclusion of the invigorating and life-giving oxygen and nitrogen provided by nature. The fumes of the substances named above do not ac-

comply with this. If anything, they are worse than useless, as they add their volume to that of the gases whose odor they are intended to mask, to adulterate the purity of the atmosphere. What we want is pure air, and to neutralize the unhealthy gases that give out the bad smell. Hitherto chloride of lime has come the nearest of any substance in ordinary use to accomplishing this. But a new compound is offered to the public, which from its history and composition is likely to meet the very great want of a true disinfectant in the sick room and almost every department of a well ordered household. We refer to a substance called the RIDGEWOOD DISINFECTING POWDER, which takes its name from the "Ridgewood Chemical Works," at Harlem, New York.

From a report made to the New York Academy of Medicine, on this new deodorizer and disinfectant, by Dr. JOHN H. GRISCOM, on behalf of the "Section on Public Health and Legal Medicine," to which the subject had been referred, we make the following extracts, which show it to be a highly valuable addition to our means of arresting offensive decomposition and preserving a pure atmosphere.

"The article called the '*Ridgewood Disinfecting Powder*,' presented by a sample to the Academy of Medicine in July last, has been submitted to several experimental tests, which, together with evidences of its value obtained from other sources, especially some of the U. S. military hospitals, will satisfy the Academy not only that it is a valuable addition to the class of substances denominated disinfectant and deodorizers, but that it also possesses decided antiseptic powers.

The composition of the powder, as given by Mr. Napier, the Chemist and President of the Company manufacturing it, is as follows:

Carbolic acid,	5 to 8 per cent.
Sesquichloride of iron,	2 "
Lime, from magnesian limestone,	5 "
Silicate of alumina (in the form of Fuller's earth),	75 to 80 "
Prepared charcoal, or ground pumice stone,	10 to 12 "
Sulphate of potash or soda	a trace.

It will be observed that here is a mixture of six different substances, having no reaction upon each other, but possessing each some power of reaction upon some one or more of the products of putrefactive decomposition.

The first named ingredient, carbolic acid, may

be regarded as an impure creasote, and possesses the deodorizing and antiseptic properties of that substance, even, it is said, in a greater degree. It belongs to the class of chemicals known as hydrocarbons, a class varying in the proportion of their elemental constituents, and having affinities varying with these proportions.

The second component of the Ridgewood powder, sesquichloride of iron, acts particularly as a deodorizer upon excrementitious matters, and others whose decomposition yields ammonia and its compounds, which are among the most abundant and offensive products in many instances. Like other compounds of chlorine, it breaks up ammoniacal gas; but unlike chloride of lime, it evolves no odor of its own. In this powder it is used also for the purpose of neutralizing the effect of the quicklime employed in taking up the carbolic acid. This lime would otherwise promote ammoniacal exhalations.

When the powder is desired for strictly medicinal purposes, the lime and the salt of iron should be omitted from its composition.

The Potter's Clay or Fuller's Earth, which forms the 'body' of the powder, is also a good deodorizer. It has the property in nature of retaining ammonia in the soil, to be given to the plant, as may be required. Its absorbent properties cause it to retain both moisture and gases, to which its deodorizing powers are no doubt due.

The small quantity of charcoal is added as an aid in the absorbent process.

The modicum of lime is present for the purpose of drying the carbolic acid, allowing the latter to assume a pulverulent form, without impairing its chemical properties. The sulphate of soda and potash are merely adventitious ingredients. If they have an acid reaction, they are useful in case of the generation of large quantities of ammonia, but not particularly otherwise, and they are not depended upon to much extent.

To test the value of the Ridgewood Powder, the following experiments were performed:

First—An earthen jar containing about a gallon of water, in which a number of bones, taken from the body of a monkey, had been left to macerate for a few weeks, about the time when this powder was presented to the Academy, gave forth an intolerably offensive odor. A good handful of the powder was thrown into the jar, and in less than five minutes the offensive odor had entirely disappeared. The jar was then left standing for nearly three months (having been forgotten, as it gave no offence) during the excessive heat of the summer, when, for the purpose of this report, it was examined. On being emptied of its contents, the bones were found in perfect preservation, en-

tirely denuded of all fleshy matter, and together with the water in which they continued to be immersed, were entirely free from odor.

Second—A quantity of blood from a slaughter-house was left exposed to the heat of an August air for several days, until it had become putrescent and exceedingly offensive. The admixture of a small proportionate quantity of the Ridgewood Powder, in a few minutes, arrested the odor of the blood so that it gave no offence upon a close examination.

Third—On the 31st of July the carcasses of two dogs, of about the same weight, and both having died the same day, were used to test both the *deodorizing* and *antiseptic* properties of the powder. The first was laid upon the ground, exposed to the action of the air. The other was placed in a box open to the air, in the same situation, except that it was rather less protected by the shade of a house, and enveloped in a layer of the powder, which completely covered it to the depth of two or three inches. On the fifth day, the thermometer all the intervening time ranging above 100°, the bodies were examined. The first presented a small heap of skin, bones and grease, and gave off an intolerably fetid odor. What was left of the carcass appeared spread out over a large surface, as if the hide had burst from expansion with the gases generated by internal decomposition. The disgusting odor rendering the vicinity unendurable, and preventing further investigation, two or three pounds of the powder were thrown upon the offensive mass, and it is not too strong an expression to say that the subsidence of the effluvium was *immediate and total*.

The body of the second dog being then lifted from its bed of powder, was found to be in an excellent state of preservation—it gave no perceptible odor, and the only change apparent was some enlargement of the trunk, doubtless from the evolution of intestinal gases, the sources of which were, of course, beyond the influence of the powder. The carcass was replaced in its powdery bed, and about a fortnight afterward was re-examined, and found to be slightly decomposed, as was evinced by the partial denudation of the skin, of its hair, and a slight putrescent odor—the excessive heat of the weather having continued all the intermediate time, and nothing having been done to prevent the internal evolution of gases.

Fourth—To test the effect of the powder, when applied to the *internal* as well as external surface of the body, the carcass of a small animal was eviscerated, and the cavity filled with it, the body at the same time being enveloped in it. After about a month's exposure to the torrid air it was found to be simply a dessicated body, its weight considerably diminished from the evaporation of

its fluids, but otherwise a nearly odorless mass of animal tissues.

Fifth—A report on the Ridgewood Powder, made to Dr. ABBOTT, Medical Director of the City of Washington, by W. H. BUTLER, M. D., Acting Assistant Surgeon U. S. A., in charge of Armory Square Hospital—gives evidence of its value as a disinfectant when applied to the *human* body. In his report, Dr. Butler states—*'the balance of the box was sent to the dead house and used up. The Superintendent reports that on sprinkling a moderate quantity on badly decomposed bodies, the offensive effluvia disappeared, and he gives it as his opinion, that it is the best disinfecting agent we have used.'*

Sixth—Dr. THOS. ANTISELL, Surgeon in charge of the Harewood Hospital, in a report to Medical Director ABBOTT, also states in reference to its use in water closets, *'A marked diminution of offensive odor,'*—diminished ammoniacal odor from stale urine,—and *'sprinkled on the floor of the post-mortem room, it kept down the odor to some extent, not wholly.'* We feel justified in observing that had it, in the latter instance, been applied to other parts of the room and furniture besides the floor, the odor would probably have been wholly subdued.

The following notes, received since the commencement of this report, give further evidence—

UNITED STATES ARMY HOSPITAL,
South street, Philad., Sept. 8, 1863.

Having made use of "Ridgewood Disinfecting Powder" in the U. S. A. General Hospital, at Sixth and Master streets, and subsequently at this Hospital, I do not hesitate to recommend it to the Department as an excellent article.

PAUL B. GODDARD,
Surgeon U. S. A.

LOVELL GENERAL HOSPITAL, U. S. A.,
Portsmouth Grove, R. I., Aug. 4, 1863.

*** I have tested the "disinfecting powder." I have used it in close stools, latrines, and in the dead house, and find it a valuable agent for the purposes to which it has been applied.

WM. F. CORNICK, Asst. Surgeon, U. S. A.,
In Charge *pro tem*.

Seventh—During the recent occupation of some of the public parks of this city by U. S. troops, the opportunity was embraced of testing the efficacy of the Ridgewood Powder, in controlling the offensiveness of the latrines and urinals of the camps, the consent of the commanding general, CANBY, being unhesitatingly given, in an order for that purpose. But an unexpected obstacle to a satisfactory experiment with it was found in the previous abundant application of the chloride of lime. Observations but served, however, to show the correctness of the principle alluded to in a previous page of this report, that it is *useless to attempt the deodorization of one volatilized body by another, and especially in the open air*. It was but too evident that the odor of the chlorine only served to increase the offensiveness of the sinks, by adding its pun-

gency to the exhalations of the excrements, without in any degree diminishing the latter. The two together produced a compound effect upon the olfactory peculiarly disgusting. A persevering use of the Ridgewood Powder did, however, in a few days effect a sensible diminution in the unpleasantness of the localities alluded to, as was testified to by the medical and other officers; but the gradual yet persistent evolution of the chlorine continued until even some days after the camps were broken up, preventing so accurate a criticism as was desirable.

The principal requirements, therefore, in any substance to be effective as a disinfectant, are:

1st. That it shall remove or obviate offensive effluvia.

2d. That it shall prevent putrefactive fermentation, so that the offensive odor being once removed shall not recur from the same substance.

3d. That it shall combine with and preserve, in faecal and other matters, the elements which form the food of plants.

4th. That it shall be of moderate cost and easily procurable.

5th. That it shall add nothing to the manure injurious or preventive of its action.

Of these several indications, our own experiments have proved some to be well answered by the Ridgewood Powder, and there is sound theoretical reason to believe the others to be equally so.

Our investigations on this important subject naturally lead to considerations connected with the practical applications of disinfectants as the means of purification, and the prevention of diseases in all civic and military localities. We forbear, however, to extend this report any further than to express the opinion that the great sanitary advantage to be derived from the use of the Ridgewood, or other similar deodorizers, in the stables, latrines and cesspools of cities, and during the removal of their contents, as well as in military hospitals, camps, barracks, &c., is at once apparent. But especially would it prove valuable in preventing the decomposition of dead bodies of men and animals on the field after a battle, or in cities which have been subject to long sieges and protracted military occupation, where vast accumulations of debris taint the air, and are the almost inevitable cause of endemic maladies of serious character."

Curiosities of the British Census.

Among the curiosities of the British census of 1861, we find the following: Thirteen ladies were "doctors," 2 were bone-setters, 17 dentists, and 1 astronomer. In the work-house were 15 surgeons; in prison for debt, 2 physicians and 13 surgeons; in the insane asylums, 5 physicians and 61 surgeons.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

PARIS, Dec. 3, 1863.

Management of Civil and Military Hospitals.

Few subjects have attracted more attention of late years, and particularly since the memorable period of the Crimean war, than the organization of the various services connected with military hospitals. Not a week passes without letters on the matter appearing in the London press, many of them evidently the result of long experience and deep thought. In fact, the feelings of the British nation were so aroused by the sufferings of the fine army which the country sent out to the East against Russia, that even at the present day every suggestion calculated to amend the evils then brought to light, is received with gratitude. A valuable pamphlet on the points in question has just appeared from the pen of Dr. SHRIMPTON, of this city, formerly Surgeon-Major in the French army, and for several years Surgeon-in-Chief of Field Hospitals, and of the Military Hospital of Setif, in Algeria. This work, which bears the title of "The British Army and Miss NIGHTINGALE," gives a most interesting account of the various incidents of the Crimean campaign which relate to the medical department of the British army—points out the defects of the system—shows the frightful state of the army hospitals—explains the causes of the mortality which took place there—and sketches, in lively colors, the wonderful improvement which ensued after Miss NIGHTINGALE had so heroically consented to devote her energies and vast practical experience to an entire re-organization of the English hospital service in the East. A very striking biography of that lady is given, showing how she arrived at that special knowledge which rendered her so great an authority in all matters relating to hospitals. All the details of her management in Turkey are narrated at length, and Dr. SHRIMPTON adds greatly to the value of the account by his own comments on the course pursued, and by a comparison between the different methods adopted in the French and English hospitals. A great amount of miscellaneous medical information is found scattered throughout the work, and an important discussion on the state of the Paris hospitals—which find but little favor in the author's eyes—will be read with interest. When it is borne in mind that the writer has had eighteen years' experience as a French army surgeon, his remarks must be looked on as invested with a serious authority, in a medical point of view; but, even to the general reader, the work, from the graphic style in which it is written, will appear deeply interesting. I hope it will find its way to America, and prove of some use in drawing the attention of the medical profession in the United States to the manner in which the wounded should be attended to.

Gen. Garibaldi.

Dr. ALBANI, who had been obliged to leave GARIBALDI owing to urgent family affairs, has just returned to Caprera, and has since addressed the following to the *Movimento* of Genoa:—"The General has begun to walk about without a stick, and, if his foot has not recovered all its freedom of movement, he can use it without pain. On my arrival, he came to meet me without any artificial support. I have since examined the electric and the articulation, and have ascertained that great progress has been made during the last two months. I can now venture to declare, without any fear of mistake, that by next spring GARIBALDI will be quite sound and well again."

Mazzini.

MAZZINI, the Italian patriot, is said to be suffering from a severe nervous complaint, which prevents him from leaving his room, or even his bed. It appears that he has had recourse to homœopathy, but as his disease is essentially nervous, and as he never will take a moment's rest, being constantly engaged in writing or dictating his memoirs, as well as in twenty other different occupations, it is evident that neither homœopaths nor regular physicians can have much hope of affording him any permanent relief.

The Baths.

The Baden season has now closed. The total number of foreigners who visited the baths during the season amounted to 46,806, being 794 less than in 1862.

Treatment of the Sting of Bees.

The organ with which bees inflict their sting consists of two barbed or rather serrated darts issuing from a sheath and placed back to back, so as to leave a groove between them. The sheath is encased in nine cartilaginous scales provided with muscles, eight of which perform the duty of pushing the weapon out, while the ninth draws it back. To increase the pain caused by the mechanical action of the dart, a poison is secreted from two bladders situated on both sides of the intestines—and it is this poison which causes the formation of a small pimple or an erysipelatous redness. This generally disappears in a few instants, but, sometimes, when several stings have been inflicted at a time, or when even a single one has injured a nervous filament, the inflammation is rather severe. In such cases, Dr. LATOUR proposes the following treatment:—1. To pull out the sting, which generally remains in the wound. 2. To foment the place with iced water, or else extract of saturn, or ammonia. 3. To apply an impenetrable coating of collodion, rendered elastic by the addition of one-tenth part of castor oil, whereby the production of heat in the living tissue is prevented and inflammation avoided.

Electricity of Blood.

M. SCOUTETEN communicates some researches of his on the electricity of blood. The venous blood of a horse was used as the outer liquid of DANIELL'S

elements, and the arterial blood as the liquid in the porous vessel, but the zinc electrodes were contained in two other small porous vessels filled with a solution of sulphate of zinc, and dipping in the two kinds of blood each. The effect of this arrangement was to that of DANIELL'S usual element, in the ratio of 1.83 to 58.

Analysis of the Banana.

M. CORENWINDER publishes a paper on the composition of the banana of Brazil, which, when peeled, is found to contain 74 per cent. of water, 5 of vegetable albumen, 19½ per cent. of sugar and pectose, and traces of starch, lime, alkalies, chlorine, iron, phosphoric acid, cellulose, and fatty matter. A field of bananas in a tropical country produces much more nutritive matter than a field of corn or potatoes of equal dimensions in a temperate climate.

W. N. CÔTE.

DOMESTIC.**"Infantile Remittent Fever."**

EDITOR MEDICAL AND SURGICAL REPORTER:

What really is this misnamed infantile remittent fever with its white furred and dotted tongue, (strawberry tongue, as some writers call it)? Nothing, I am convinced, but a scarlatina *sine eruptione*, the undeveloped poison of this producing the distress, gastric or otherwise, for which infantile remittent is so distinguished. In the epidemic of infantile remittent prevailing here this summer and spring, the characteristic strawberry tongue of scarlatina was presented in every case. The general symptoms and aspect of the patients were the same; the only perceptible difference lay in an internal localization of pain in the case of the infantile remittent. Sometimes the pain was referred to the head; sometimes to the stomach or sides, viz. right hypochondriac region, more frequently. In these cases of infantile remittent, the throat was flushed, erythematous and yellowish mucous was visible gurgling up into it; the nasal membrane was even plainly inflamed.

I attended three children in one family affected with infantile remittent, and a fourth with precisely the same general symptoms and in the same condition; but in this latter case a rash was *superadded*.

Surely we must admit convertibility or transmutation here, and must not, cannot, affirm coincidence of distinct disorders. From the fact that adults take this infantile remittent, and that I have seen it assume in them a typhoid character, requiring the same treatment and rebellious to the same remedies, I am persuaded that a further transmutation does occur than would be at the present hour of investigation credited; in other words I believe that the poison of typhoid is analogous, if not identical with that of infantile remittent and scarlet fever.

That diphtheria is evidently a disease due to the same poison as scarlatina nobody would doubt who

saw the complication of paralysis (a diphtheria symptom) in these cases of infantile remittent.

The old theory of modification, according to impression of epidemic constitution, will not do any longer. The true solution is transmutation. Coincidence is not tenable.

Yours truly,

HENRY OLIVER, M. D.

GORDON, DARKE Co., Dec. 2, 1863.

Resection of the central portion of the lower Jaw.

EDITOR MEDICAL AND SURGICAL REPORTER :

Some time last month Mr. ALLEN A., of Woodhull, Steuben Co., N. Y., presented himself to me with a cancer of the lower jaw, of two years' standing. I proposed an operation and he consented, and the 28th day of last month was agreed upon as the time.

Operation—Chloroform administered, my patient upon the table, an assistant behind to hold his head and compress the two facial arteries, myself standing in front, seized with my left hand one of the angles of the lower lip, my son a lad of 16 years the other, held it from the bone, the lip in a state of tension. With a vertical incision the lip was divided through the median line at once to the bone and afterward through the skin and subcutaneous cellular tissue down to the os hyoides. Then, dissected back the two flaps, and with a small Heges saw sawed the bone upon both sides, and removed the whole central portion together with the cancer weighing about two and a half ounces.

I observed Dr. JAMES R. WOOD's (of New York) precaution by passing a strong ligature through the tip of the tongue at the commencement of the operation. I closed the wound and applied the usual dressing. The wound healed by the first intention, and my patient is now almost entirely well.

R. F. BROWN, M. D.

ADDISON, STEUBEN Co., N. Y., Dec. 17, 1863.

The effects of Ipecacuanha in Dysentery.

EDITOR MEDICAL AND SURGICAL REPORTER ;

I will preface my statement by remarking that we have few, if any, cases of asthenic dysentery, whether endemic or otherwise; our mountainous regions healthy invigorating air; and rugged habits, conduce in the absence of miasmatic influences to produce this result, I presume in every case, without regard to temperament, age or sex. I invariably rely upon Ipecacuanha, in doses appropriate to the age only. There is such a sameness in the result in my hands that I am surprised at the discrepancies in the statements of others of the profession in its use. The most noticeable advantages are: 1st. The preservation of tone in the system; 2d. An almost invariable *cutting-short* of the disease; and 3d. Rapid convalescence; and as a sequence the easy management of a relapse. All of which are so difficult on the old plan, i. e., hyd. chlor. mite, terebinthina, etc. My plan of procedure is as follows: Immediately upon being warned, or made aware of the condition of my patient, I administer a pretty full dose of sulphate of

magnesia, followed as soon as it has operated by from 20 to 60 grains of Ipecac., using every exertion to have it retained as long as possible; it is expelled however generally in from three to seven minutes after its administration. From this time on I have seldom failed to find a convalescence established, the febrile symptoms abate, the tongue moistens and cleans, the stool assumes a natural fecal appearance, etc. etc. To trace the manner of its beneficial action we must keep in view the characteristics of the disease, and at the same time the presumed properties of this agent. In dysentery we have congestion of the bowels, mucous or bloody discharges, impaired secretions, tenesmus, etc. The properties claimed for Ipecac. are briefly tonic, emetic and sudorific, it appears to me that its virtues rest mostly upon 1st. The powerful impression the heroic use of it makes upon the nervous system; 2d. Its antiperistaltic action; and lastly, its absorbent and astringent properties which are not inconsiderable. I may hereafter give a few cases in point to illustrate my *modus operandi*.

Z. W. THOMAS, M. D.

MILESBURG, CENTRE Co., PENNA., Dec. 14, 1863.

Army and Navy News.

Artificial Eyes for Soldiers.

Surgeon CAMPBELL, Medical Director of this department, has issued the following circular:

Instructions have been received from the Surgeon General to furnish artificial eyes to soldiers who have lost them in the Public Service.

Surgeons in charge of hospitals are hereby authorized to make application in form similar to those for artificial limbs, for artificial eyes, for any soldiers in their respective hospitals.

Together with the application must be transmitted proof that the applicant was an enlisted man at the time of losing the eye, and that it was lost in the line of his duty. This proof, if he is still in the service, will consist of certificates from the Commanding Officer, Surgeon in charge, or any commissioned officer personally cognizant of the facts of the case.

If discharged from the service, his discharge papers must be submitted for examination, with his own affidavit of the time, place, and manner of losing the eye, and of his not having been already furnished with an artificial one—together with the certificate, (if obtainable)—of his former commanding officer, or Surgeon in charge.

Furloughs.

General Orders No. 391. War Department, Adjutant-General's Office, Washington, Dec. 9, 1863.—Commanders of Departments are authorized to grant furloughs to enlisted men in the general hospitals within the limits of their command, upon the approval of the Medical Director or Chief Medical Officer. The number allowed to be absent at one time to be limited to five (5) per cent., and the period not to exceed thirty (30) days, and to be graduated according to the distance of the applicant from his home. The good conduct of the applicant to be made the rule of the medical officers in recommending the furloughs.

By order of the Secretary of War.

E. D. TOWNSEND,
Asst Adj't-General.

Appointed.

Dr. Mills O. Carter, of Massachusetts, has been appointed Ass't Surgeon 19th U. S. Colored Troops, and Dr. C. Miller, of Washington, D. C., Ass't Surgeon 8th U. S. Colored Troops.

Assigned.

Ass't Surgeon Charles F. Brisbane, U. S. V., has been assigned to duty with the 1st U. S. Cavalry, Reserve Brigade, Army of the Potomac.

Surgeon J. H. Taylor, U. S. V., to duty in charge of general hospital, Summit House, Philadelphia, Penn'a.

Surgeon Howard Culbertson, U. S. V., has assumed charge of the Harvey General Hospital, at Madison, Wisconsin. Assistant Surgeon Francis L. Town, U. S. A., recently in charge, has been ordered to report in person at the office of the Ass't Surgeon-General, at Louisville, Ky.

Surgeon J. L. Teed, U. S. V., has been relieved from General Hospital No. 1, and assigned to General Hospital No. 4, Chattanooga, Tenn.

Ass't Surgeon J. W. Applegate, U. S. V., has been assigned to the Field Hospital, Morris Island.

Ass't Surgeon Samuel Hart, U. S. V., has been relieved from duty with the 16th U. S. Infantry, and placed in charge of the 4th Division General Hospital, Murfreesboro', Tenn.

Surgeon Henry Buckmaster, U. S. V., has been assigned to duty as member of the Board for the examination of Surgeons and Assistant Surgeons for regiments of Colored Troops.

In addition to his duties as Health Officer, Surgeon Henry J. Churchman, U. S. V., has been assigned to duty as Post-Surgeon at Vicksburg, Mississippi.

Ass't Surgeon J. Q. Adams, U. S. V., has been relieved from duty at Las Cruces, New Mexico, and assigned to Fort Cummings, Arizona.

Act. Ass't Surgeon A. H. Smith, U. S. A., has been assigned to Las Cruces, New Mexico.

On Duty.

Surgeon Charles McCormick, U. S. A., has arrived at Fort Monroe, Va., and entered upon his duties as Medical Director, Department of Virginia and North Carolina.

Surgeon Jabez Perkins, U. S. V., is in charge of General Field Hospital, Chattanooga, Tenn.

Resigned.

The resignations of the following named officers have been accepted by the President, to take effect from the dates set opposite their respective names:

Surgeon S. F. Elliott, U. S. V.

Ass't Surgeon J. K. Bauduy, U. S. V.

Surgeon A. P. Meylert, U. S. V., lately on duty as Medical Purveyor at Louisville, Ky., has tendered his resignation, and is on leave of absence at Scranton, Penn'a.

Changes.

Surgeon F. N. Burke, U. S. V., has been transferred from Jefferson Hospital to Gayoso Hospital, Memphis, Tenn.

So much of Special Orders No. 518, November 21, 1863, from the War Department, as assigned Ass't Surgeon Charles H. Hood, U. S. V., to duty in the Department of the South, is hereby revoked, and he will report in person, without delay, to the Commanding General, Department of the Cumberland, for assignment to duty.

Surgeon B. B. Breed, U. S. V., is authorized to delay complying with Special Orders No. 544, Dec. 8, 1863, from the War Department, assigning him to duty in the Department of the Missouri, until he has settled his accounts as Medical Purveyor, Department of North Carolina. Permission to visit Washington for that purpose is granted him.

Surgeon Henry A. Martin, U. S. V., is relieved from duty at Pilot Knob, Mo., and will proceed,

without delay, to Fort Monroe, Va., and report, in person, for duty to Major-General Butler, U. S. V., commanding Department of Virginia and North Carolina.

Surgeon Gustavus Stegman, 6th U. S. Colored Troops, is relieved from duty in the Department of the Cumberland, and will report to the Surgeon-General of the Army, in this city, for orders.

Relieved.

Surgeon S. G. J. De Camp, U. S. A., has been relieved from duty at Watervliet Arsenal, N. Y.

Leave of Absence.

Surgeon D. W. Hartshorn, U. S. V., recently in charge of the Gayoso Hospital at Memphis, Tenn., is on leave of absence at Urbana, Ohio.

Surgeon J. E. Herbst, U. S. V., Surgeon-in-Chief 2d Division, 12th Corps, Army of the Cumberland, has withdrawn his resignation, and is on leave of absence at Hagerstown, Md.

The following medical officers have had the permission to delay twenty days in rejoining their regiments extended ten days.

Ass't Surgeon H. A. Goodale, 21st Mich. Vols.

Ass't Surgeon F. Corfe, 1st Wis. Vols.

Ass't Surgeon H. T. Woodruffe, 100th Ill. Vols.

Ass't Surgeon A. J. Lary, 2d East Tenn. Vols.

Ass't Surgeon J. T. Walton, 103d Penn'a Vols.

Surgeon J. M. Cook, 24th Ohio Vols.

Surgeon James R. Brelsford, 74th Ohio Vols.

Ass't Surgeon O. Nellis, 3d Va. Cav'y.

Surgeon Henry J. Herrick, 17th Ohio Vols.

Surgeon Wm. B. McGavran, 26th Ohio Vols.

Surgeon Henry J. Herrick, 17th Ohio Vols. [Second extension.]

Ass't Surgeon J. J. Sheldon, 45th Ohio Vols.

Ass't Surgeon H. Griawold, 11th Michigan Vols.

Surgeon Wm. Forrester, 5th Kentucky Vols.

Surgeon W. F. McCurdy, 87th Penn'a Vols.

Surgeon W. M. Houston, 123d Ohio Vols.

Surgeon J. W. Whitney, 13th Mass. Vols.

Ass't Surgeon E. M. Howland, 24th Ohio Vols.

The following medical officers, recently released as prisoners of war from Richmond, will join their regiments. Permission to delay reporting for twenty days is granted them:

Ass't Surgeon D. S. Clark, 25th Ill. Vols.

Ass't Surgeon P. R. Thombs, 89th Ill. Vols.

The leave of absence granted E. W. H. Beck, 3d Indiana Cavalry, in Special Orders No. 233, December 15th, 1863, from Headquarters, Cavalry Corps, Army of the Potomac, is hereby extended fifteen days.

An extension of ten days has been added to the leave heretofore granted to Ass't Surgeon A. M. Parker, 1st Maine Cavalry, and Surgeon L. Holbrook, 18th Connecticut Vols.

Discharged.

Hospital Steward J. B. Patterson, U. S. A., has been discharged for incompetency.

Hospital Steward Ferdinand Weiler, 73d New York Vols.; Sergeants Wm. B. Young, 1st Wisconsin Cavalry; and James Mingay, 115th New York Vols.; Privates John A. Rodrigo, 5th New Jersey; Henry E. Daniels, 124th Illinois; Edward S. Fletcher, 13th Massachusetts; Thos. C. Wood, 79th New York; Grove M. Willis, 1st Illinois Artillery; John W. Smith, 121st Ohio; Robert J. Strong, 1st Minnesota; James M. McMasters, 27th Illinois; Lucius Dille, 15th Indiana Battery, Light Artillery; and William Gardiner, a substitute for a drafted man, and now Acting Hospital Steward at the Barracks for drafted men, at Philadelphia, Penn'a, have been discharged with a view to their enlistment as Hospital Stewards in the army.

Upon the recommendation of a board of officers, convened by Special Orders No. 285, of June 27, 1863, from the War Department, Assistant Surgeon Alexander B. Tablock, 4th Tenn. Vols., is honorably

discharged the service of the United States, on account of physical disability.

So much of Special Orders No. 502, November 11, 1863, as honorably discharged Ass't Surgeon Joseph B. Galer, 31st Wisconsin Vols., has been so amended as to read as follows: Ass't Surgeon Jos. B. Galer, 31st Wisconsin Vols., having tendered his resignation, is hereby honorably discharged the service of the United States, on account of physical disability, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

Dismissed.

The following named officer [published officially November 23, 1863], having failed to appear before the Military Commission, instituted by Special Orders No. 53, current series, from the War Department, within the prescribed time, is, by direction of the President, dismissed the service of the United States, to date November 23, 1863, for the cause set opposite his name:

Surgeon Pascal A. Quinan, 150th Penn'a Vols., for absence without proper authority.

Board Dissolved.

The Board convened by Special Orders No. 318, July 18, 1863, from the War Department, for the examination of men at Convalescent Camp, Va., for admission into the Invalid Corps, has been dissolved.

Hospital Closed.

General Hospital No. 1, at Vicksburg, Miss., has been closed. Surgeon L. C. Rice, recently in charge, is awaiting orders.

News and Miscellany.

Pension Examining Surgeons.

New York:—Drs. Sam'l Wait, Gouverneur; Henry C. Austin, Canton.

Wisconsin:—Dr. W. W. Reed, Jefferson.

Minnesota:—Dr. W. McMahon, Mankato.

The New Metal Indium.

By means of a spectrum analysis, a new metal has been discovered, called *indium*, which is distinguished by a very brilliant blue ray.

ANSWERS TO CORRESPONDENTS.

Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and State from whence their letters are sent.

Dr. R. S. McC., Pa.—Your two Hand Books, were mailed to you on the 22d inst.

Dr. R. S., Pa.—Your Hand Book will be sent to you after Christmas, as the Binders are very much hurried with holiday work.

Dr. J. B. W., Pa.—We can send you a Pocket Case of Instruments by mail. The price for a case of first quality instruments of Gemrig or Kolbe's make, is \$12, 15, 18 to 30 and \$25 according to size.

MARRIED.

FRITZ—REX.—In this city, on Thursday evening, 17th inst., by Rev. Joseph A. Seiss, D. D., Horace Fritz to Annie E., daughter of Dr. George Rex.

MECHLING—JENKS.—In Brookville, Pa., on November 26th, at the house of G. W. Andrews, Esq., by Rev. S. H. Holliday, Dr. John Mechling, to Miss Mary E. daughter of D. B. Jenks, Esq., deceased.

DIED.

MACBETH.—At Columbia, South Carolina, June 12th, 1863, Ellen, wife of Edward Macbeth, and daughter of the late Dr. Tegan, of this city.

TURNER.—In Brooklyn, Dec. 8th, Clara Sophia, youngest daughter of Joseph M., and Sophia B. Turner, aged 4 years and 6 months.

METEOROLOGY.

December	14.	15.	16.	17.	18.	19.	20.
Wind.....	E. C'd'y.	N. W.	N. E.	E.	W.	N. W.	N. W.
Weather....	Rain, Clear.	Clear.	Clear.	Rain, C'd'y.	C'd'y.	C'd'y.	Clear.
Depth Rain...	2-10			1 6-10			
Thermometer							
Minimum.....	49°	39°	29°	29°	31°	28°	19°
At 8 A. M.....	50	43	30	34	45	30	22
At 12 M.....	56	45	36	34	45	31	30
At 3 P. M.....	55	42	36	40	43	31	29
Mean.....	50.7	41.3	32	34.2	41	30	25
Barometer.							
At 12 M.....	29.4	30.5	30.3	30.2	29.7	30.1	30.1

Germantown, Pa.

B. J. LEEDOM.

VITAL STATISTICS.	Philadelphia. Week ending December 19.	New York. Week ending December 21.	Baltimore. Week ending December 21.	Boston. Week ending December 19.	Providence. Month of November.
Pop'l'n. (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	161	263	50	46	47
Female	118	240	54	58	39
Adults	169	245	41	58	61
Under 15 years.....	...	253	58	46	34
Under 2 years.....	...	157	26	35*	19
Total.....	279	503	104	104	87
Deaths in 100,000...	48.10	52.95	43.33	57.77	16.73
American	195	325	...	69	64
Foreign.....	73	178	...	35	23
Negro	16	3	18	3	4
ZYMOTIC DISEASES.					
Cholera, Asiatic....	...	2	...	1	...
Cholera Infantum...	...	1	...	...	...
Cholera Morbus....	...	...	...	...	...
Croup	17	29	6	10	3
Diarrhoea.....	3	11	...	2	1
Diphtheria.....	10	29	1	2	6
Dysentery.....	1	1	...	...	2
Erysipelas.....	1	3	...	...	...
Fever, Intermittent	1	1	1	...	...
Fever, Remittent...	...	...	...	...	...
Fever, Scarlet.....	2	29	7	...	...
Fever, Typhoid....	13	12	4	...	7
Fever, Typhus.....	11	12	...	2	...
Fever, Yellow.....	...	...	...	...	...
Hooping-cough....	...	10	1	1	...
Influenza.....	...	...	...	...	1
Measles.....	...	3	...	...	...
Small Pox.....	3	...	24	...	...
Syphilis.....	1	...	...	...	...
Thrush.....	...	...	...	...	...
SPORADIC DISEASES					
Albuminuria.....	...	7	...	...	...
Apoplexy.....	5	11	...	1	...
Consumption.....	45	82	15	18	21
Convulsions.....	9	28	1	3	1
Dropsy.....	2	23	3	4	...
Gun-shot Wounds..	5	...	...	...	...
Intemperance.....	2	2	...	...	...
Marsasmus.....	6	13	...	1	2
Pleurisy .....	...	3	...	2	...
Pneumonia.....	17	45	3	8	6
Puerperal Fever...	...	1	...	...	...
Scrofula.....	...	...	...	...	...
Violence and Acc'ts	6	19	1	...	6

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE OF THE SHEET. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.

